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FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 15

Application Number	10/768,406
Filing Date	January 30, 2004
First Named Inventor	Paul Brent Rivers
Art Unit	3632
Examiner Name	Kimberly Wood
Attorney Docket Number	BS030571


ENCLOSURES

(Check all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After-Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Credit Card Payment for Two (2) Month Extension of Time |
|---|---|--|

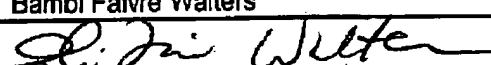
Remarks:

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature			
Date	November 16, 2005		

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (Print/Type)	Bambi Faivre Walters	Date	November 16, 2005
Signature			

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2005</h2> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">10/768,406</td> </tr> <tr> <td>Filing Date</td> <td>January 30, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Paul Brent Rivers</td> </tr> <tr> <td>Examiner Name</td> <td>Kimberly T. Wood</td> </tr> <tr> <td>Art Unit</td> <td>3632</td> </tr> <tr> <td>Attorney Docket No.</td> <td>BS030571</td> </tr> </table>		Application Number	10/768,406	Filing Date	January 30, 2005	First Named Inventor	Paul Brent Rivers	Examiner Name	Kimberly T. Wood	Art Unit	3632	Attorney Docket No.	BS030571				
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Attorney Docket No.	BS030571																		
TOTAL AMOUNT OF PAYMENT		\$450.00																	
METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Deposit Account Deposit Account No. 19-2167 Deposit Account Name:																			
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments																			
FEE CALCULATION																			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																			
<table border="0" style="width: 100%;"> <tr> <th colspan="3">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="3">EXAMINATION FEES</th> </tr> <tr> <th>Application Type</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fees Paid (\$)</th> </tr> </table>				FILING FEES			SEARCH FEES		EXAMINATION FEES			Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
FILING FEES			SEARCH FEES		EXAMINATION FEES														
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)												
Utility	300	150	500	250	200	100	_____												
Design	200	100	100	50	130	65	_____												
Plant	200	100	300	150	160	80	_____												
Reissue	300	150	500	250	600	300	_____												
Provisional	200	100	0	0	0	0	_____												
2. EXCESS CLAIM FEES																			
<table border="0" style="width: 100%;"> <tr> <th>Fee Description</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </table>				Fee Description	Fee (\$)	Small Entity Fee (\$)													
Fee Description	Fee (\$)	Small Entity Fee (\$)																	
Each claim over 20 (including Reissues)	50	25																	
Each independent claim over 3 (including Reissues)	200	100																	
Multiple dependent claims	380	180																	
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"> Total Claims _____ - 20 or HP = _____ </td> <td style="width: 20%;"> Extra Claims _____ </td> <td style="width: 20%;"> Fee (\$) _____ x _____ = _____ </td> <td style="width: 20%;"> Fee Paid (\$) _____ </td> </tr> </table>			Total Claims _____ - 20 or HP = _____	Extra Claims _____	Fee (\$) _____ x _____ = _____	Fee Paid (\$) _____													
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Multiple Dependent Claims <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"> Fee (\$) _____ </td> <td style="width: 20%;"> Fee Paid (\$) _____ </td> </tr> </table>			Fee (\$) _____	Fee Paid (\$) _____															
Fee (\$) _____	Fee Paid (\$) _____																		
HP=highest number of independent claims paid for, if greater than 3.																			
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"> Indep. Claims _____ - 3 or HP = _____ </td> <td style="width: 20%;"> Extra Claims _____ </td> <td style="width: 20%;"> Fee (\$) _____ x _____ = _____ </td> <td style="width: 20%;"> Fee Paid (\$) _____ </td> </tr> </table>			Indep. Claims _____ - 3 or HP = _____	Extra Claims _____	Fee (\$) _____ x _____ = _____	Fee Paid (\$) _____													
Indep. Claims _____ - 3 or HP = _____	Extra Claims _____	Fee (\$) _____ x _____ = _____	Fee Paid (\$) _____																
HP=highest number of independent claims paid for, if greater than 3																			
3. APPLICATION SIZE FEE																			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																			
<table border="0" style="width: 100%;"> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </table>				Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)												
Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)																
_____ - 100 = _____	_____ / 50	_____ (round up) x _____ = _____	_____																
4. OTHER FEE(S)																			
Non-English Specification, \$130 fee (no small entity discount)																			
Other (e.g., late filing surcharge): <u>Two Month Extension of Time Fee</u>																			
\$450.00																			
SUBMITTED BY:																			
Name (Print/Type)	Bambi F. Walters	Registration No. (Attorney/Agent)	45,197																
		Complete (if applicable)	Telephone: (757) 253-5729																
Signature			Date																
		November 16, 2005																	